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	Application Number	10/599.704		
REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Filing Date	Oct 3, 2007		
	First Named Inventor	Lecanu, Laurent		
	Art Unit	Unknown		
	Examiner Name	Unknown.		
	Attorney Docket Number	4044 0000104		

To: Commissioner for Patonts P.O. Box 1450 Alexandria, VA 22313-1450							
Please withdraw me as attorney or agent for the above identified patent application, and							
all the practitioners of record;							
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· 10.40(b)(1) 10.40(b)(2) 10.40(b)(3) 10.40(b)(4)							
10.40(c)(1)(i) 10.40(c)(1)(ii) 10.40(c)(1)(iii) 10.40(c)(1)(iv)							
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10.40(c)(4) 10.40(c)(5) 10.40(c)(6) Please explain below:							
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1. I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.							
2. / I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.							
3. / I/We have notified the client of any responses that may be due and the time frame within which the client must respond.							
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[Page 1 of 2] This collection of information is required by 37 CFR 1,36. The information is required to obtain or relating benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, Including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Tredemark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450,

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Change the correspondence address and direct all future correspondence to:								
A. The address of the inventor or assignee associated with Customer Number:								
OR								
B. Inventor or Assignee name Laurent Lecanu								
Address McGill University Health Centre at Blotechnology Research Institute, 6100 Royalmount Avenue								
City Montreal State Quebec				Zip H4P 2RS				
Telephone	(514) 283-623				Country Canada			
I am authorized to sign on behalf of myself and all withdrawing practitioners.								
Signature Morris a. U. Ra det Anno								
Name	Monique M. Per	lok Shonka	Registration No. 42,989					
Address 1600 TCF Tower, 121 South 8th Street								
City Minn	neapolis	State MN	Zip 55402		Country USA			
Date	June 22, 2009		Telephone No. (612) 373-6900					
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